

D Voice Laryngeal Dystonia

Record ID

Gold Standard Diagnosis:

Does the patient have laryngeal dystonia as determined by qualitative expert team evaluation?
(Select all that apply).

- ☐ Laryngologist
- ☐ Speech-Language Pathology
- ☐ Neurologist specializing in movement disorders

Did the patient have the following assessment?
(Select all that apply).

- ☐ Aural-perceptual evaluation
- ☐ Laryngoscopy or stroboscopy
- ☐ Neurological evaluation

2. Disease Subtypes: (Select all that apply).

- ☐ Adductor laryngeal dystonia (ADLD)
- ☐ Abductor laryngeal dystonia (ABLD)
- ☐ Vocal Tremor
- ☐ Mixed laryngeal dystonia
- ☐ Singer's laryngeal dystonia (SLD)
- ☐ Adductor laryngeal spasms during inspiration (ARLD)

Etiology

What is the etiology?

- ☐ Idiopathic
- ☐ Familial
- ☐ Trauma
- ☐ Unknown
- ☐ Other

Please specify

Does the patient have any of the following concomitant conditions?
(Select all that apply).

- ☐ Essential Tremor of the hands
- ☐ Essential tremor of the head
- ☐ Jaw tremor
- ☐ Dystonia of the head and neck
- ☐ Other type of dystonia

Other type of dystonia

4. Disease Severity

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent

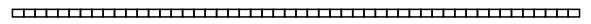
MI = Mildly Deviant

MO = Moderately Deviant

SE = Severely Deviant

Overall Severity

MI MO SE



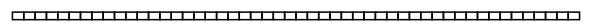
(Place a mark on the scale above)

Overall Severity

☐ Consistent ☐ Intermittent

Roughness

MI MO SE



(Place a mark on the scale above)

Roughness

☐ Consistent ☐ Intermittent

Breathiness

MI MO SE



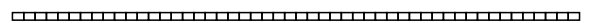
(Place a mark on the scale above)

Breathiness

☐ Consistent ☐ Intermittent

Strain

MI MO SE



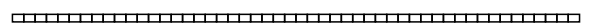
(Place a mark on the scale above)

Strain

☐ Consistent ☐ Intermittent

Pitch

MI MO SE



(Place a mark on the scale above)

Pitch

(Indicate the nature of the abnormality):

Pitch

☐ Consistent ☐ Intermittent

Loudness

MI MO SE



(Place a mark on the scale above)

Loudness

(Indicate the nature of the abnormality):

Loudness

☐ Consistent ☐ Intermittent

Comments about resonance

☐ Normal ☐ Other

Please specify

Additional Features
(for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):

5. Treatment obtained

Has the patient undergone any treatment for their condition?

☐ Yes

☐ No

Select all that apply:

☐ Botox injections

☐ Voice/speech therapy

☐ Vibrotactile stimulation

☐ Deep brain stimulation

☐ Magnetic resonance imaging-guided focused ultrasound (MRgFUS)

☐ Other

When was the last injection?

(weeks ago)

Other, please specify